

REGISTRATION FORM

(Date of Registration: _____)

____ PERMANENT

(Will stay in the Philippines for more than four months)

____ TEMPORARY

(Will stay in the Philippines four months or less)

FULL NAME: (Last,First, Middle)	SEX:		
DATE & PLACE OF BIRTH:	SS NUMBER:		
COLOR OF EYES:	HEIGHT:		
COLOR OF HAIR:	WEIGHT (lbs.):		
LOCAL ADDRESS IN PHILIPPINES:	PHONE NO.:		
U.S. ADDRESS:	PHONE NO.:		
OCCUPATION:			
COMPANY NAME:	PHONE NO.:		
COMPANY ADDRESS:	FAX NO.:		
E-MAIL ADDRESS:	US PPT. NO.:		
EMERGENCY CONTACT:	RELATIONSHIP:		
EMERGENCY ADDRESS:	PHONE NO.:		
DEPENDENTS' INFORMATION:			
<u>Name</u>	<u>Relationship</u>	<u>Date of Birth.</u>	<u>Passport Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach a copy of the biographic page of your passport to this form.

**YOUR 2 X 2 PHOTO
HERE**

PLEASE SIGN HERE:

FOR ACS STAFF ONLY:

() Entered ACS System Date: _____